

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /CF/

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/539,581-Conf. #4329
				Filing Date	June 17, 2005
				First Named Inventor	Seong-Yeol HYEON
				Art Unit	3746
				Examiner Name	D. C. Kramer
				Attorney Docket Number	0630-2353PUS1
Sheet	2	of	2		

[illegible]

Examiner Signature	/Charles Freay/	Date Considered	09/27/2008
-----------------------	-----------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /CF/